

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1	1				52						
3		1	1				53						
4		3	1				54						
5		①		1			55						
6	1						56						
7			1				57						
8			1				58						
9			1				59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				4			65						
16							66						
17							67						
18							68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	↓	10	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	8		16				TOTAL CLAIMS						